(Col. 1)

NO. FILED

- 20

- 3

21

4

[] MULTIPLE DEPENDENT CLAIM PRESENTED

FOR:

BASIC FEE

TOTAL CLAIMS

INDEP. CLAIMS

١...

(Col. 2)

NO. I	EXTRA	
=	*1	
=	*1	
ESEN	ΓED	

SMALL ENTITY

RATE	FEE	OR
	\$380.00	OR
x \$9.00 =		OR
x \$39.00 =		OR
+ \$130.00 =		OR
TOTAL		OR

OTHER THAN SMALL ENTITY

RATE	FEE
	\$760.00
x \$18.00 =	\$18.00
x \$78.00 =	\$78.00
+ \$260.00 =	
TOTAL	\$856.00

^{*} If the difference in Col. 1 is less than 0, enter "0" in Col. 2.

Please charge Deposit Account 1 20-1430 as follows:

extra copies of this sheet are enclosed.

Facsimile:

(415) 576-0300

Any additional rees associated with this paper or during the pendency of this application:

is enclosed.

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR

Respectfully submitted,

Gregory P. Einhorn

Reg No.: 38,440

TOWNSEND and TOWNSEND and CREW LLP

Filing fee

[X]

[X]

A check for \$

[]

[]

Telephone:

(415) 576-0200